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CAPC'S LONG-TERM PLANNING PROJECTIONS FOR 1996/97

Social Planning & Research Council
SPRC
of Hamilton-Wentworth

255 West Avenue North, Hamilton, Ontario L8L 5C8
tel: (905) 522-1148 • fax: (905) 522-9124

A United Way Member Agency

CAPC'S LONG-TERM PLANNING PROJECTIONS FOR 1996/97

February, 1996

SUSAN WEST,
SOCIAL PLANNER

SOCIAL PLANNING AND RESEARCH COUNCIL OF HAMILTON-WENTWORTH
255 West Avenue North, Hamilton, Ontario L8L 5C8

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1.0 INTRODUCTION

The Community Action Program for Children (CAPC) is a three year, federally funded project that provides programs and services in east Hamilton and Stoney Creek. Its goals are to improve the health and well being of children ages 0 to 6, work with parents to make parenting easier, and, to reduce child abuse and neglect. It is overseen by a Steering Committee composed of partner agencies and community members.

During the fall of 1995, it was brought to the attention of the Social Planning and Research Council Hamilton-Wentworth (SPRC) by a Health Canada representative, that funding for the 1996/97 fiscal year could be reduced by 15%, or $75,000. However, as it was not determined if this would occur, the Hamilton-Wentworth CAPC Steering Committee decided that it would recommend actions or models of how CAPC might operate, given a reduced budget for 1996/1997.

The Long Term Planning Committee began meeting in September, 1995. This Committee, with input from partner agencies, service providers and community members designed a participatory process to ensure that decisions were made as fairly and equitably as possible, should the Hamilton-Wentworth CAPC be reduced.

This report details that process, with particular attention focused on the criteria that were used and the ranking of the seven CAPC programs and three CAPC services, which include the CAPC Administration Office, the CAPC Evaluation, and the SPRC's consultation services.

Several recommendations are presented which have been generated through discussion with the Long Term Planning Committee Members.

An addendum will follow this preliminary report, which will detail the resulting actions taken by the CAPC Steering Committee, and some attention paid to the relative merits of the process of Long Term Planning in a largely unknown fiscal environment.

2.0 BACKGROUND

When the Hamilton-Wentworth CAPC was originally funded in January, 1994, the following schedule of funding was negotiated between Health Canada's, Health Promotion and Social Development office and the Social Planning and Research Council Hamilton-Wentworth (SPRC). The SPRC agreed to act as a host agency for the funding for this collaborative venture in which the five partner agencies are involved. The SPRC negotiated four separate contractual agreements with the Hamilton-Wentworth's Regional Social Services, the Department of Public Health Services, St. Joseph's Community Health Centre and STAR (Skills Through Activities and Recreation). These five agencies, which includes the SPRC, divided a lump sum of approximately $500,000 per year, over a three year period. The SPRC was selected as the administrative body for the Hamilton-Wentworth CAPC, based on the fact it fit the criteria* of Health Canada in that it:

- is an incorporated, non-profit, agency,
- has a community-based mechanism for administering services,
- has an independent board of directors,
- is non-governmental,
- works with a variety of agencies responding to factors of risk,
- and, has an established reputation in helping to develop on-going projects.

To deliver the seven programs that have as their goals to:

- improve the health and well being of children ages 0 to 6,
- work with parents to make parenting easier,
- and, to reduce child abuse and neglect.

(* according to the original call for proposal public health units, school boards or similar "quasi-governmental organizations were not eligible to be proposal applicants)

As of September, 1995, the budget projections for CAPC were as follows:

Time Frame		Monies Allotted
Start Up	January '94 - March 31'94	$134,120 - Contracted
Year One*	April 1'94 - March 31'95	$491,187 - Contracted
Year Two*	April 1'95 - March 31'96	$500,387 - Contracted
Year Three*	April 1'96 - March 31'97	$508,739 - Contracted ($425,000 projected cuts)
Year Four	April 1'97 - March 31'98	$325,000? - Not Contracted

*(increases between years one, two and three represent 2% increase as per agreement)

When the initial contract with Health Canada was signed, it stated that full funding would be available until March 31, 1997. The contract signed between SPRC and Health Canada also stated that should funding be terminated prior to this date, Health Canada would have to allow one full year's notice to cut back on any funding. This "luxury" was only given to those CAPC projects that were funded in the first wave of funding. Other CAPC projects in Ontario, funded in later waves would only have sixty days notice for termination, or changes to their funding.

3.0 METHODOLOGY

When information about the potential of funding reductions was brought before the CAPC Steering Committee in June, 1995, the Steering Committee recommended that SPRC coordinate an ad hoc planning committee. For lack of a better name, it was known as the Long Term Planning Committee. Membership on this committee was voluntary, and all members of the CAPC Steering Committee were invited to attend. Particular importance was placed on the partner agency representatives attending, as they would eventually be in a position to negotiate on behalf of their own agency, should changes be suggested to their respective program(s).

The first two meetings of the Long Term Planning Committee focused on gathering information about the programs and their budgets. A brief questionnaire was circulated to partner agencies. (Results of this survey are found in the appendix). The Planning Committee also focused on creating criteria on which to base changes resulting from any cut in funding.

The criteria were drafted and sent to the Long Term Planning Committee for feedback. The criteria were largely based on the criteria used by the Department of Public Health Services instrument for reviewing their own programs. The criteria were also based on the original CAPC goals. However, there could have been any number of criteria used to review the CAPC programs and services, need, effectiveness, fit with the CAPC goals, and the leverage were recommended by the Long Term Planning Committee for review purposes. These criteria were adopted after some discussion from the CAPC Steering Committee.

The process of how to implement this process and ensure full and equitable participation led to significant discussion. To ensure equity, it was decided that all seven CAPC programs and the three CAPC services would be reviewed using the same criteria.

3.1 Preparation and Review of Written Materials

Each program/service was asked to draft a written summary. This written summary was supplemented from the Evaluation Coordinator's collection of data. A binder was put together by the ten participating programs/services. This binder (attached) was circulated to all those who would be presenting, all voters, and members of all the CAPC working groups. Although this resulted in costs to the administration, the benefits of condensed and useful information were felt to far outweigh any cost.

To demonstrate how each program/service met the criteria, an agenda was established in which service providers and partner agencies were to compile their written submissions. This was set out over three to four months. It was recognized that this was a tight time frame, but necessary, should decisions be finalized prior to March 31, 1996, in time for the end of the fiscal year.

A memo was distributed that set out the time frame for the review process. The time frame is summarized below.

December 18, 1995	Criteria given to Service Providers Committee
January 1-7, 1996	Between December and January, the Evaluation Coordinator prepared information to deliver to Service Providers from materials collected from programs to date. This information was sent to the Service Providers for their feedback by January 7, 1996.
January 12, 1996	Service Providers to return comments on information received by Evaluation Coordinator.
January 19, 1996	Information sent back to Service Providers in final form from Evaluation Coordinator.
January 29, 1996	Deadline date for written report of presentations delivered to CAPC Administration office.
January 31, 1996	Written material was forwarded to the CAPC Steering Committee members to read information about programs and service, prior to reviewing presentations.

January 30, 1996	Information sent out to the CAPC Steering Committee members by the CAPC Administration Office staff.
February 12*, 1996	Presentations were made to the CAPC Steering Committee members at a three hour meeting. Poster displays were set up at the CAPC Site (Eastgate Auditorium) for Steering Committee members to have the opportunity to ask questions.
February 13-26*,1996	Rating information gathered from Steering Committee members, collated and report prepared by SPRC.
February 27, 1996	Long Term Planning Committee meeting. Information presented and recommendations prepared for the next CAPC Steering Committee in March, 1996.

As demonstrated from the time frame, turnaround time was extremely tight. This placed additional stress on service providers, who not only had their programs to manage but now were confronted by demands for paper work and presentations. To reduce this burden, time from the evaluation committee was allocated for collecting information.

* This meeting was changed to February 19 at 12:30 so that those who required child care after school, would not be affected by the time of the meeting. This made the time between the collating of results and the writing of the report significantly shorter, actually three working days

CRITERIA

There were the four criteria that were selected to help determine how best to spend CAPC dollars, should funding be reduced for the 1996/97 term. These criteria include need(s), effectiveness, fit with original CAPC goals, and leverage.

Each criteria section was assigned a possible score out of 25. Thus, the total potential score that any CAPC program or service would receive was 100%.

Needs

The first criteria identified in the planning process was in determining the need for the program/service. Presenters were encouraged to demonstrate that their program/service is meeting a need by using community information (newspaper clippings, needs assessments, etc), evaluation data, and/or other relevant materials. This was a relatively subjective category as reviewers were asked to score the "larger picture of community needs" and the relationship of this to CAPC programs.

Effectiveness

The second criteria that was used to review the CAPC programs and services was effectiveness. Five questions were drafted to capture this quality. They included:

1. There is evidence that your program makes a difference to clients need(s). (Can use literature, use of evaluation statistics, stories), etc..
2. The program meets the above (community) need?
3. The program is accessible (language, location, etc) for those who could benefit from the service? (coverage)
4. The program is well-used by participants? (uptake)
5. The program is cost effective (i.e. least money spent for largest return - can be direct or indirect)? (include actual dollars and in-kind contributions from evaluation data).

These criteria questions were each scored from 1 - 5, following a scoring system based on the Department of Public Health's model, as to the extent to which the program complies with criteria. The scores were to be awarded as follows: 1 = none, 2 = little, 3 = some, 4 = a lot, 5 = completely. Respondents were asked to circle the number that best corresponded to their interpretation of the program.

Fitting the CAPC Goals

The third criteria focused on how well the program "fit" with the original CAPC goals. This section was worth 25 points and respondents were asked to rate each question on a scale of 1-5.

Questions used included:

- your program acts to reduce child poverty;
- your program makes parenting easier for parents;
- your program helps to potentially reduce child abuse or neglect;
- your agency is the best agency to offer this program;
- by offering your program, partnerships with other social/health service providers will be made stronger.

Leverage

The forth and final criteria used was leverage. Again a five point scoring system was used, to total a potential score of 25.

The questions used for this section were as follows:

- there would be negative impacts on families and children, in terms of the three CAPC goals, listed above, if your program was not offered;
- is your program the only one in the CAPC catchment area that offers this service;
- there are no other services that you could refer participants to, if your service was no longer offered or who could take over your program;
- there is no other potential funding beyond CAPC to pay for the program activity and/or its evaluation;
- you have explored other funding options.

This section required that presenters make some reference to their external environment, for instance by demonstrating that they were unique and had started to pursue independence through alternative funding sources.

Presentations

To augment the use of written materials and to further educate members of the CAPC Steering Committee, presentations were made during a three hour meeting of CAPC programs and services. Many participants of the CAPC programs were included in the presentation and gave personal stories on how a particular CAPC program had had an impact on their lives. This meeting was planned by the Long Term Planning Committee and organized largely by CAPC Administration Staff.

It was also during this time that each program and service set up display booths with information about their programs. This was to give an opportunity (outside of a larger, open forum) for those who were charged with the responsibility of reviewing the programs/services to ask questions. open forum.

Appeal Process

During a subsequent CAPC Steering Committee meeting, the issue of an appeal process was raised. As the CAPC Steering Committee is responsible to the SPRC Board of Directors, concerns were brought forward that a program may seek the intervention of this Board.

After some discussion, it was agreed that Doug Round, the Chairperson of the CAPC Steering Committee would make a presentation to the SPRC Board.

During this discussion, it was determined that the SPRC Board would ensure that the process (which had been fully explained to them (see appendix - memo sent January 15, 1996) had been carried out fairly, but it would refer other concerns back to the CAPC Steering Committee. This decision was well received by the CAPC Steering Committee. Members agreed that this would confirm the self-determination of the Steering Committee's decision-making ability.

The following section will present the results of the exercise and some preliminary analysis of the findings.

4.0 RESULTS

The results are divided into four categories. These include need, effectiveness, fit, leverage. Total (or average) scores have been tallied.

TABLE 1

Final Scoring

Program Name	Need	Effectiveness	Fit	Leverage	Average	Rank
BBS	85	76	84	78	80.75	1
CATCH	84	78	62.4	66	72.6	6
CSW	81	79	79	70	77.25	3
No Perfect	81.5	73.2	75	61.8	72.88	5
PHP	89	81.2	79	70.8	80.0	2
STAR	80.57	78.2	73.2	69	75.24	4
SPRArea	67.3	74.8	71.6	64 8	69.63	7
CAPC Adm	87.5	78.8	78.4	66	77 68	2
CAPC Eval	91.5	76.4	72	68	76.98	3
SPRC	89	80.8	80	75.2	81.25	1

TABLE 2

Average Scores for both CAPC Programs and Services Combined

Criteria	Need	Effectiveness	Fit	Leverage	Average
All Programs and Services	83.64	77.64	75.46	68.96	76.42

The response rate for the returned criteria review sheets was 100%. However, there were certain sections that were missed by respondents. These were infrequent and have been adjusted as follows;

Eleven voters determined a score out of 25 for each of the four criteria, totalling a potential score of 100. As a representative partner agency would not vote for his/her own program or service, it was attempted that having eleven voters would always ensure ten votes per category. Every effort was made to ensure that each voter completed each section. However, in cases in which sections were overlooked by respondents, adjustments were made. So, if only nine votes were the case in a particular program's criteria, the total amount possible would be 9 x 25, not the usual 10 x 25. A percentage was then derived from this equation. All four percentages were then added and divided by four. This yields the total score, or average score, of each program or service.

Some comments are presented through an analysis of the findings, for each criteria and on the total ranking score.

Analysis

To analyze the results, Tables 1 - 4 have been created. These tables represent a visual picture of how each program/service scored in relation to its peer grouping.

The results of the scoring have been divided into CAPC programs and CAPC Services. This was decided on the basis of the fact that the services provide infrastructure to the programs, and although they may be in a position to be cut, all services scored higher than three of the seven programs.

TABLE 3

CAPC Program Averages

Criteria	Need	Effectiveness	Fit	Leverage	Average
All Programs	81.20	77.20	74.89	68.63	75.48

TABLE 4

CAPC Service Averages

Criteria	Need	Effectiveness	Fit	Leverage	Average
All Services	89.33	78.67	76.80	69.73	78.63

Note: All tables as tabulated from returned criteria rankings (N=11).

Scoring

The scoring for all the programs are relatively high and tightly grouped. Scores ranged between 62.4% and 91.5%. This indicates that the programs and services are considered to be valuable.

Need

In terms of the need for CAPC programs, Parents Helping Parents and Baby's Best Start were ranked highest, respectively.

In terms of the CAPC services, CAPC evaluation scored higher than all of the CAPC programs, with SPRC Consultation and CAPC Administration following on its lead. High scores indicate a recognition of the need for existing infrastructure to support the work of the CAPC Project.

Effectiveness

The tight clustering of the scores for program effectiveness would seem to infer that programs are perceived to be operating with similar effectiveness. Scores ranged from 73.2%-81.2%.

The most effective program was identified as being Parents Helping Parents and the Community Support Worker Program. These programs were judged as being accessible, meeting a need, well-used, cost-effective and making a difference in the lives of the participants.

SPRC Consultation was rated as also providing an effective role within the CAPC project.

Fitting the CAPC Goals

Baby's Best Start was identified as best fitting with the CAPC goals. This program clearly works with parents to make parenting easier, reduces child poverty and child abuse and neglect. St. Joseph's Community Health Centre was viewed as being the best agency to offer this program, and partnerships would be enhanced through its operation, such as the Community Support Worker and the Parents Helping Parents programs, both identified as next best fitting with the CAPC goals.

Leverage

With regards to leverage of particular programs, Baby's Best Start was identified as having the greatest leverage with regards to its program. This program was well ahead of other program in terms of providing a unique service to the CAPC Catchment Area. Funding opportunities had been explored through St. Joseph's Community Health Centre and the Canada PreNatal Nutrition Program.

Total Scoring

Should an average rating of all programs be used to identify strengths and focus of resources, Baby's Best Start, Parents Helping Parents, and the Community Support Worker scored as the top three programs for CAPC. The other programs follow closely behind in the order of STAR, Nobody's Perfect, CATCH, with the last program being the Student Parent Resource Area.

Separating the CAPC Services from the CAPC programs, all services score as high or higher than the top three programs (over 75%). This would confirm the importance of preserving the CAPC infrastructure.

***

The fact that both community reviewers and service providers rated the programs/services highly will likely mean that other external funding sources may have similar perceptions, making it feasible to acquire alternative funding.

5.0 RECOMMENDATIONS

It is recommended at this point that the Long Term Planning Committee review this report and its findings. It would be beneficial if partner agency representatives brainstorm around potential models for the future of CAPC. Models may suggest that resources be moved to programs considered to be highly effective, thus having a greater impact on meeting the needs and goals of CAPC in east Hamilton and Stoney Creek. Models should address the future of the CAPC project, in both a constant fiscal environment and in a situation of funding cuts.

Although we are still unsure as to the extent of the cuts from Health Canada, we are in an excellent position to now make decisions about how resources may be focused. This may also have implications for fundraising strategies, in which effective, needed programs are first matched with available funding from alternative sources.

As time is of the essence, recommendations should be made to the CAPC Steering Committee as soon as possible. Further meetings of the Long Term Planning Committee should be convened to complete this necessary process.

6.0 CONCLUSIONS

Many individuals commented on the usefulness of the Long Term Planning Process. It was obvious that a great deal of time and effort went into writing, planning, and presenting for each program/service. Although this was a labour intensive exercise, according to one participant, "...it provided me with information that I can use for grant applications, or funding purposes...". Another commented that, "...this day was an excellent opportunity for CAPC Steering Committee members, service providers and other interested individuals to find out more about the CAPC programs and services...".

The Long Term Planning Process was designed with many of the CAPC "philosophies" in mind. The process attempted to be as participatory as possible, and relied on input from all levels of CAPC. Many thanks go to all those who participated in this extensive process. It is hoped that this resource can be shared with other CAPC projects throughout Ontario and Canada, to suggest one method of dealing with forecasted shortfalls in budgets, something that can only be more common in the years ahead.

Appendix

Summary of Questionnaires to CAPC Partner Agencies and Programs

Question: What proportion of your program is currently funded by CAPC?

Community Support Worker:	100% for salaries of 2 Community Support Workers. Receives much in-kind support from Region and Community members.
Nobody's Perfect:	3 sites funded by CAPC, 3 other sites in Hamilton-Wentworth. Other sites funded by Ministry of Health and Department of Public Health Services.
Parents Helping Parents:	50% of program is covered by CAPC. 50% of costs absorbed by DPHS.
Baby's Best Start:	Approximately 20-25%.
STAR:	Approximately 16%.
CATCH:	100% funded by CAPC. 98% Salary for 1 FTE and 1 PTE. Each CATCH project becomes self-sustaining. Funds needed for seed money and staff support.
Student Parent Resource Area:	CAPC pays for .4% of FTE Public Health Nurse which includes, rent, travel, benefits, etc.
CAPC Evaluation:	70% funded by CAPC. 30% in-kind donations from SPRC, DPHS, DSS, SJCHC, Family Services, Teaching Health Unit of McMaster
SPRC Consultation:	100% funded by CAPC. SPRC receives funding 80% from United Way, 10% from Region, 10% from donations and purchase of service work.
CAPC Adminstration Office:	100%.

Question: What would the impact of cuts have on program?

Community Support Worker:	Negative impacts. Services reduced, staff time reduced. Recommend program be expanded based on evaluation results and client satisfaction.
Nobody's Perfect:	Would be unable to operate number of sites and pay current hours of parent facilitators. Parenting support to at-risk families would be seriously reduced. Increases in mental health concerns, etc.
Parents Helping Parents:	Would no longer hire Resource Mothers. Parenting support to immigrant families reduced.
Baby's Best Start:	Parent Assistant would be hired (would have to be voluntary). No nutritionist for cooking classes. Plans for community kitchen would be hindered.
STAR:	The staff composition of STAR if 2 FTE and 6 PTE. CAPC funds 1 FTE and 1 PTE. Some programs would not be able to be offered.
CATCH:	Cuts would result in staff time devoted to community development projects. Likely hours of part-time active staff member.
Student Parent Resource Area:	Would reduce time, or eliminate, Public Health Nurse.
CAPC Evaluation:	Direct cuts to evaluation plan and number of evaluation activities, which would reduce rigor of the evaluation process.
SPRC Consultation:	Bookkeeping services to all programs and administrative/ organizational management would be cut, or time reduced. Reduced time spent on project may affect sustainability in community, as SPRC has history of sustained projects, eg. SISO, Labourhood Homes, Community Information Services, etc.
CAPC Administration Office:	Depending on the extent of the cuts, a small cut could be absorbed however, anything substantial would result in staff layoffs affecting public relations/media, the ability of working groups to function effectively, staff development and the overall efficiency of how CAPC functions as as organization.

Question: Chances for additional funding?

Community Support Worker:	Have secured support from the region for staff travel, training, office expenses for 1996. No additional attempts made yet to secure external funds. Further internal funds not likely.
Nobody's Perfect:	Not likely from Provincial Ministry of Health due to present fiscal climate. May be possibilities from Hamilton Foundation. Clients could not cover costs.
Parents Helping Parents:	Possible to be picked up by Settlement and Immigration Services Organization (SISO). Program will still need funds from government, United Way or Hamilton Foundation. Have not yet explored.
Baby's Best Start:	We have approached Canadian Prenatal Nutrition Council and Ministry of Health. Chances are good.
STAR:	STAR participates actively in fundraising. Funds procured for equipment but not for staffing costs, crucial for program delivery.
CATCH:	Community development work does not foster private donations and greater success may be achieved through granting agencies. Two proposals have been submitted to Health Canada for projects.
Student Parent Resource Area:	No response given.
CAPC Evaluation:	Chances slim. Additional funds may be available for National Evaluation activities, which have been built into project.
SPRC Consultation:	Fewer opportunities for purchase of service work exist in H-W. SPRC are continually seeking opportunities for funding, but is normally helping other agencies in the community find resources.
CAPC Administration Office:	Any fundraising done to date has not been directed to administration. This is an area not generally conducive to fundraising in the private sector.

Question: Would you consider using CAPC Evaluation data in long-term planning?

Community Support Worker:	Yes. Preliminary results have found high client satisfaction.
Nobody's Perfect:	Yes. Preliminary results have been positive.
Parents Helping Parents:	Yes. Provided evaluation tools are modified to allow for multicultural applications.
Baby's Best Start:	Yes. Preliminary data is positive and being used.
STAR:	Yes, important to look at qualitative and quantitative results.
CATCH:	Evaluation should be one component but also we need carefully considered criteria.
Student Parent Resource Area:	No response given.
CAPC Evaluation:	Yes. Outcomes of the evaluation will yield data which will indicate strengths and weaknesses in the seven CAPC programs. Identified strengths can be built upon and shared with all of the seven programs and identified weaknesses can be addressed and overcome. These outcomes will be important in understanding and improving the seven CAPC programs. The evaluation outcomes would also be useful as <u>one component of the criteria</u> used in decision-making about funding allocations made to the seven programs.
SPRC Consultation:	Yes, as one component of criteria.
CAPC Administration Office:	CAPC administration office is not directly measured in the evaluation.

Question: Can you become independent?

Community Support Worker:	Not an option. Program under jurisdiction of the Region.
Nobody's Perfect:	May not be adequate infrastructure in community to support Nobody's Perfect. Long-term independence, with funding, would be ideal to foster self-help and allow parent facilitators to develop support networks.
Parents Helping Parents:	May not be adequate infrastructure in community to support Parents Helping Parents. Long-term independence, with funding, would be ideal to foster self-help and allow parent facilitators to develop support networks.
Baby's Best Start:	Major funding of program for Public Health Nurses currently comes from the Ministry of Health. CAPC funding enhances the program by allowing for parent assistance, groceries for snacks, cooking classes, etc.
STAR:	Are already independent, non-profit organization.
CATCH:	CATCH is too small to be an independent, non-profit organization. Due to nature of work undertaken, the program would have to be careful of who it could be aligned with.
Student Parent Resource Area:	No response given.
CAPC Evaluation:	Not applicable to the evaluation committee.
SPRC Consultation:	SPRC is already an independent, non-profit agency. Opportunities would still be available to purchase consulting services in development and community liaison.
CAPC Administration Office:	The possiblity exists as an independent organization exists however, this is an area which must be considered carefully; weighing the pros and cons and allowing for input from everyone involved.

Question: **Would you consider staying under the CAPC Umbrella, if CAPC incorporates into an independent, non-profit organization?**

Community Support Worker:	Only if funding structure remained same, where monies go to region.
Nobody's Perfect:	Yes.
Parents Helping Parents	Yes. If CAPC considers incorporation, evaluation should be used to provide support to three or four most successful services.
Baby's Best Start:	This should not affect our relationship with CAPC.
STAR:	Yes.
CATCH:	Yes, however this may not be the opportune time to consider incorporation.
Student Parent Resource Area:	No response.
CAPC Evaluation:	Yes.
SPRC Consultation:	SPRC would be able to continue to provide purchase of service opportunities in bookkeeping and consultation.
CAPC Administration Office:	Not applicable.

Question: **Given the choice of reducing the overall CAPC budget, would you advocate for selected program cuts or a percentage cut from all parts of the CAPC budget.**

Community Support Worker:	Selected program cuts, rather than percentage from all parts of CAPC.
Nobody's Perfect:	Better to select a few priorities within the CAPC objectives and give total support to fewer than seven programs currently offered.
Parents Helping Parents:	Better to select a few priorities within the CAPC objectives and give total support to fewer than seven programs currently offered.
Baby's Best Start:	No response given.
STAR:	No response given.
CATCH:	Selected program cuts.
Student Parent Resource Area:	
CAPC Evaluation:	No response given.
SPRC Consultation:	Selected program cuts.
CAPC Administration:	No response given.

MEMORANDUM

To: SPRC Board Members

From: Doug Round, Chairperson, CAPC Steering Committee

Re: Report on CAPC's Long Term Planning

Date: January 15, 1996

Over the past few months, information has been gathered by the Long Term Planning Committee about the CAPC budget and where money is being spent to provide the programs, services, administration, and evaluation of the CAPC project. The reason for this exercise is to prepare for potential cuts from the federal government, which may be as much as 15% in the 1996-97 budget (roughly a drop from $500,000 to $425,000).

To ensure that this process is handled in a fair and equitable manner, an ad hoc committee has been struck which has made recommendations about cutting 15% from the CAPC Budget. It was unanimously agreed that cuts would not be made from all programs but rather the steering committee would make decisions based on the following criteria.

There are four criteria that will be used to help determine how best to spend CAPC dollars, should we experience a 15% drop in funding for the 1996/97 term. These criteria include need(s), effectiveness, fit with original CAPC goals and objectives and leverage. These criteria have been recommended by the Long-term Planning Committee and approved by the CAPC Steering Committee. All programs and committees have had access to the completed criteria.

To ensure that informed decisions are made by CAPC Steering Committee members (five partner agency votes and six community member votes), the CAPC Service Providers have graciously agreed to make 5-7 minute presentations about their programs, allowing an additional 5 minutes for questions.

The CAPC Evaluation Committee has agreed to provide information and support for many of the criteria categories. As well, some of the information has been collected during the long-term planning committee questionnaire/study which was administered by SPRC Staff.

Written materials from the seven program, SPRC Consultation, Evaluation Committee and the CAPC Administration will be given to the Steering committee members to read prior to the presentations. After the presentations, Steering Committee members will score/rank the programs according to the above criteria. The results will be gathered from Steering Committee members, collated by SPRC staff and a brief report prepared.

The Long-term Planning Committee will then meet and review the information. It will recommend actions and models for the 1996-97 operations to the CAPC Steering Committee. During the March CAPC Steering Committee meeting, these models will be discussed and voted on. In terms of an appeal process, programs who may be unhappy with the results will be asked to present their case to the CAPC Steering Committee.

We are trying to make this process as participatory as possible. We will keep you updated on events as they unfold. Should you require additional information, please do not hesitate to contact me via the CAPC Office at 560-7477.

DR/sw

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